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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	4
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

RECEIVED

MAY 19 1965

D. C. C.  
ARTESIA, OFFICE

I. OPERATOR  
GEORGE A. CHASE ✓  
Address  
P. O. BOX 637, ARTESIA, NEW MEXICO - 88210  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Transportation ☒ Through old line ☐ Condensate ☐  
Other (Please explain)  
If change of ownership give name and address of previous owner  
CONTINENTAL PIPE LINE COMPANY, P. O. BOX 410, ARTESIA, NEW MEXICO - 88210

II. DESCRIPTION OF WELL AND LEASE

Lease Name	STATE KH-29	Well No.	2	Field Name, Locality, Direction	ARTESIA	State of Lease	STATE
Location	Unit Letter D	330	Feet From The	N & W	Line and	Feet From The	
Line of Section	29	Township	18S	Range	28E	EDDY	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate	Continental Pipeline Co.	Address (Give address to which approved copy of this form is to be sent)	Artesia, N. M.			
Name of Authorized Transporter of Dry Gas	None	Address (Give address to which approved copy of this form is to be sent)				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range	Is gas actually connected?	When
	D	29	18S	28E	No	

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.R.T.D.					
Perforations	Name of Producing Formation	Top Oil/Gas Ray	Perforation Depth					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Working Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Working Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

George A. Chase  
(Signature)  
Owner

May 19, 1965  
(Date)

OIL CONSERVATION COMMISSION

MAY 19 1965

APPROVED \_\_\_\_\_, 19

BY ML Armstrong

TITLE OIL AND GAS INSPECTOR

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply